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BULLETIN

OF

National Association for the Study and Prevention of Tuberculosis

Vol. II. JUNE, 1916. No. 9

QUERY COLUMN

This is a new department of the Bulletin. It is designed to be a monthly feature to answer your questions. Its success depends upon the use which you make of it. Therefore send in your questions. Read the other questions published and let the thousands of other anti-tuberculosis workers have the results of your experience.

At the dinner of the National Conference of Tuberculosis Secretaries, held in Washington on May 12 in connection with the annual meeting of the National Association, a "Kuery Keg" on a wheelbarrow was pushed up an inclined plank by one of the waiters and left on the table in front of the president, Seymour H. Stone, who was presiding. Mr. Stone proceeded to draw forth slips of papers from the keg and read some of the many questions which had been received previous to the meeting in response to a circular letter. Answers were called for and given by several persons among the ninety diners. As the result of a suggestion made at the dinner the National Association has obtained these questions and proposes to use some of them in a Query Column for the benefit of *Bulletin* readers. A list of questions asked at a luncheon of tuberculosis workers held in Indianapolis during the National Conference of Charities and Correction has also been received and will be used.

The National Association will not attempt to answer all of these questions. Lack of space will prevent answers to some, on which a volume might be written. Other questions, which will naturally arouse an honest difference of opinion or will permit of many answers, will be left to the readers for reply. Answers to any questions submitted, whether or not they have been previously answered in this column, are earnestly requested. Further questions are desired and readers are urged to send them in at once.

What is the best method of keeping accurate records for a mail-order campaign in a large city?

Evidently "mail-order campaign" refers to the sale of Red Cross Christmas Seals by mail. The National Association has worked out an accounting system for use in the mail sale of Seals next fall. A description of it will be published in connection with the instructions to agents which will be printed and sent out in advance of the sale.

A hint of the advantages of this plan over that of last year may be given by saying that the use of key numbers is entirely eliminated, that a card list of addressees for office use can be prepared at the same time that the outgoing envelopes are addressed, and that the records of the sale can be kept more easily and completely. The new system ought to prove a saving of both time and money.

Could a tuberculosis association do more effective work as an independent association rather than as a department of another organization?

This question may be unhesitatingly answered thus: Yes and No. Another reply would be: It all depends upon the circumstances. In saying this there is no intention of treating the matter lightly, because this question is a serious one and has arisen in a large number of communities. In many cases the proper solution has been found to be a separate organization. In other cases it has been found advisable to continue the work as a department or committee of another organization. Generally speaking, the National Association is in favor of independent anti-tuberculosis associations where there is a fair prospect of the organization being supported by the community and also where there is not likely to be a conflict of interest between the anti-tuberculosis association and other organizations. In starting anti-tuberculosis work in any community which has no organization actively interested in public health the formation of an anti-tuberculosis association should usually be undertaken. If, however, there is a strong philanthropic or social organization already in the field, numbering among its members the persons best fitted for carrying on anti-tuberculosis work, then a committee of such a club, society or association may prove the best agency to produce the maximum results. Later on the committee or department may find it desirable to branch off from the parent organization and form a separate society. Any step in this direction, however, should be taken with extreme care and after consideration by all the groups likely to be involved in the change. A possible loss in prestige and in financial support should be taken into consideration. On the other hand, such a move may permit a broadening of the scope of the work and arouse an increased interest among some who had previously considered the work only a small part of the many activities of a large organization.

What attitude do societies take relative to nostrums and patent medicines?

(*Concluded on page 6*)

$100,000 for Community Experiment

At the opening session of the meeting of The National Association for the Study and Prevention of Tuberculosis in Washington, D. C., on May 11, Dr. E. R. Baldwin, president of the association, announced a gift of $100,000 from the Metropolitan Life Insurance Company. This sum is given for the purpose of demonstrating by a community experiment for three years that tuberculosis can be controlled just the same as any other infectious disease if right methods and adequate resources are available. It is planned to select a town or city of about 5000 inhabitants, probably in New York or Massachusetts, and to apply there all of the knowledge on the treatment and prevention of tuberculosis available, with a view to the ultimate eradication of the disease.

The following conditions will govern the selection of a city:

(1) The community must be one of approximately 5000 population.

(2) The composition of the population must be of a mixed character, racially, industrially and socially.

(3) It should preferably not be a one-industry town, but should have several industries.

(4) The community must *welcome* the experiment and must promise co-operation of physicians, health board, mayor, councils and other civic, social and industrial groups.

(5) It is the purpose of the experiment to attempt to show the community selected how, with proper direction, it can stamp out tuberculosis from its midst. To this end, the city or town should have access to certain agencies and institutions which can and will co-operate in the work. Such agencies as a county or city tuberculosis hospital, a tuberculosis clinic, open-air schools, visiting nurses, organized relief-giving agencies, etc., will be invaluable to the success of the experiment.

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Have You Signed the Passing-On Agreement?

Up to date 104 anti-tuberculosis associations have signed the anti-passing-on agreement of the Committee on Transportation of the National Conference of Charities and Corrections. Inasmuch as the associations have already been urged in the *Bulletin* to sign this agreement, which has the approval of the Executive Committee of the National Association, and a letter has been sent to each association by the Committee on Transportation, requesting action, it is hoped that the remainder of the associations will be heard from without delay.

If you have not received a copy of this letter and a booklet describing the agreement in detail, write to Fred S. Hall, Room 708, 130 East 22nd Street, New York City.

For the sake of the tuberculosis campaign in general it is important that each anti-tuberculosis association recognize its own responsibility to care for tuberculous cases who ought to be retained in the community under treatment and not be allowed to become a member of that class known as the migratory indigent consumptive. As pointed out by Mr. Hall, the signature of each association will mean much, even if the organization never pays for the transportation of indigent tuberculous cases from one city or town to another. By signing, the association records its approval of the agreement. Each association which has not already acted is urged to place the matter before its Board for action as soon as possible.

New Directory off the Press

The National Association takes pleasure in announcing that after months of effort in assembling an enormous mass of material from thousands of sources the new directory of the association has come from the printer and is ready for distribution.

The present book of 421 pages records more than twice the number of activities included in the previous volume. The 1911 edition listed about 1500 agencies, while the present edition contains record of more than 3100 different organizations and institutions engaged to a greater or less extent in anti-tuberculosis work.

The following table, which is included in the introduction to the directory, gives a brief summary of the present status of the campaign in the United States.

Sanatoria, Hospitals and Day Camps for the Treatment of Tuberculosis	557
Boarding Houses for Consumptives in Health Resorts	158
Hospitals for the Insane Making Special Provisions for Their Tuberculous Patients	90
Penal Institutions Making Special Provision for Their Tuberculous Inmates	35
Dispensaries, Clinics, and Classes for the Special Treatment of Tuberculosis	455
Open Air Schools and Classes for Children	310
Associations and Committees for the Study and Prevention of Tuberculosis	1324
	2929

In addition the directory lists the following number of Canadian institutions and associations: Sanatoria, Hospitals, etc., 35; Dispensaries, 14; Associations, 109; total, 158.

The list of open-air schools is manifestly incomplete, due to the fact that the idea of open-air schools and fresh-air classes has long since passed the limits of the anti-tuberculosis campaign. Several hundred fresh-air classes or "open-air rooms" for normal children are not included. The Elizabeth McCormick Memorial Fund, the leading authority in the United States on the subject of open-air schools, estimates the total of schools to be at least 800.

A copy of the directory will be sent free to all members of the association upon request. To non-members, the price is 60 cents postpaid.

Standard Pamphlet Now Available

What the executive office of the National Association believes will be one of the most useful pieces of literature on tuberculosis yet offered for general distribution is now available in the form of a standard pamphlet of information for tuberculous patients. It bears the title, "What You Should Know About Tuberculosis" and was prepared by a special committee of the National Association. It is being printed by the American Medical Association as one of a series of pamphlets on public health. The pamphlet is designed for distribution to tuberculous patients by nurses, physicians, boards of health, open-air schools, employees' benefit associations and medical and anti-tuberculosis associations. Not only to tuberculosis patients, however, will it prove a valuable aid. It ought to be read by every worker engaged in the tuberculosis campaign. Those lecturing about tuberculosis will find it worth while to familiarize themselves with the facts which are so clearly presented and admirably arranged in this booklet.

The price of the pamphlet is $15 per thousand in quantities of less than 5000; $12 per thousand in quantities of more than 5000; both quotations f. o. b. Chicago.

The name of any organization distributing the pamphlet may be printed on the cover without extra charge on orders of 3000 or more. A charge of $1.00 per thousand will be made for imprinting on quantities of less than 3000.

Study of Working-Men's Organizations Issued

A study prepared by the National Association on "Working-Men's Organizations in Local Anti-Tuberculosis Campaigns" has just been issued in pamphlet form and is ready for distribution.

The object of this pamphlet is to present a selection of certain typical forms of work which can be adapted or offered as suggestions to communities anywhere in the United States. It was written in the hope that it will stimulate new activities of a similar nature among groups of working-men.

The contents of the book may be summarized as follows:

An introduction containing a discussion of working-men's organizations in relation to some of the broader phases of the campaign for conserving the health of employees.

A chapter on tuberculosis free-bed funds, describing the Hartford Plan, the Cheney Brothers Unit, the New Haven Plan and the Meriden Plan of joint contributions of employers and employees in an approach to tuberculosis insurance.

A description of the Overlock Movement in Worcester, Mass., where the employees do all of the contributing, and its results.

A chapter on labor-union sanatoriums, showing the Albany Plan, and the Brooklyn Plan for establishing and maintaining hospitals for the care of tuberculous patients.

An outline of the activities of working-men's anti-tuberculosis associations for relief and education as exemplified by the Trades Union Section of the Buffalo Association for the Relief and Control of Tuberculosis and the Trades Union Anti-Tuberculosis Association of Newark and vicinity.

A summary of suggestions and comments regarding alternative plans, collection of funds, discovery of early cases, relief work, statistics and legislation.

An appendix containing statistics on the amount of funds raised, number of patients treated, blank forms used by several of the organizations, together with some typical forms of constitutions and by-laws, and an outline of the model health-insurance bill proposed by the American Association for Labor Legislation.

Resolutions Adopted at Annual Meeting

The following resolutions were adopted at the annual meeting of the National Association for the Study and Prevention of Tuberculosis in Washington on May 11 and 12:

The Works Joint Resolution

WHEREAS, the Senate Joint Resolution No. 120, introduced into the United States Congress on April 11, 1916, makes it unlawful for any officer or employee of the Public Health Service of the Federal Government to be or become a member or officer of or in any way connected with any medical or private health association or organization of any kind; and

WHEREAS, in the opinion of The National Association for the Study and Prevention of Tuberculosis the spirit of said resolutions is opposed to the aims and objects for which the Association was formed and its passage would seriously interfere with the progress of the anti-tuberculosis movement in the United States, therefore be it

RESOLVED, That the National Association for the Study and Prevention of Tuberculosis records its absolute disapproval of said resolution and urges its members to take such steps as may be proper to prevent its adoption by the United States Congress.

Medical Education

WHEREAS, in the past the tendency of general hospitals has been to exclude cases of tuberculosis; and

WHEREAS, it has been demonstrated in a number of such institutions that this class of cases may be admitted into separate wards without detriment to other patients; and

WHEREAS, both for humanitarian reasons and for purposes of instruction, there is need for a change of policy in this regard; therefore be it

RESOLVED, That The National Association for the Study and Prevention of Tuberculosis recommends to general hospitals through both their medical and lay boards, that separate wards, one for each sex, be established for the care of such cases.

Metropolitan Life Insurance Company

The National Association for the Study and Prevention of Tuberculosis expresses its hearty appreciation of the generous proposition of the Metropolitan Life Insurance Company to contribute $100,000 for conducting a community experiment in the control of tuberculosis. In undertaking this trust the Association hopes that the results of the experiment may be commensurate with the desires which inspired the offer.

Prudential Insurance Company

WHEREAS, the Prudential Insurance Company of America has recently issued an elaborate statistical treatise on the mortality from cancer throughout the world, in the furtherance of the cause of cancer control, under the auspices of the American Association for Cancer Research and the American Society for the Control of Cancer; and

WHEREAS, a corresponding treatise on the mortality from tuberculosis throughout the world, with a due consideration of the various medical and sociological aspects of the tuberculosis problem, would aid materially all those who throughout the country are engaged in the study and prevention of tuberculosis; and

WHEREAS, heretofore no collective study of tuberculosis statistics of this world-wide problem in preventive medicine has been made, either under the direction of government or private enterprise; be it

RESOLVED, by The National Association for the Study and Prevention of Tuberculosis, in annual meeting assembled, that it be respectfully suggested to the President and Board of Directors of The Prudential Insurance Company of America that the said Company cause to be prepared, and make available for gratuitous distribution to those interested in the subject, a work on the mortality from tuberculosis throughout the world, corresponding to the recently issued volume on the mortality from cancer; and be it further

RESOLVED, That the Association desires to place on record its appreciation of the active interest on the part of The Prudential in the campaign against tuberculosis.

In Memory of Dr. Trudeau

WHEREAS, the death of Dr. Edward Livingston Trudeau, the physician, philanthropist, scientist and first president of the Association, removes from us the leader in the sanatorium movement in America, one of the founders of this body, and an exponent of humanitarian principles of the highest order; and

WHEREAS, in the life history of this unique man, Providence has given to us in a gifted and lovable personality an example of rare usefulness in the face of adversity, an inspiration to those whom Fate leads to tread the same road of invalidism, and a nobility of character developed as a result of suffering, a sympathy deepened and made invaluable to the world by personal experience of disease throughout a long life; and

WHEREAS, in the history of American medicine there existed no finer example of the ideal physician, whose influence radiated far beyond his home in the forest, whose memory will be cherished by the strong and the weak, by the grief-stricken and disheartened in their struggle for life, whose comfort he was, whose presence brought faith and hope to the bedside and who made an undying impression on art and science of medicine in the field of tuberculosis; be it

RESOLVED, That this Association records these sentiments with a full consciousness of the debt we owe to his memory and a deep appreciation of the glory shed upon his work as well as upon the history of American medicine; and be it further

RESOLVED, That a copy of these resolutions be sent to the family of the late Doctor Trudeau.

In Memory of General Sternberg

WHEREAS, in the death of General George M. Sternberg this Association has lost one of its most highly valuable members, eminent for his service as an executive officer and for his attainments in medicine, as one of the leaders in the movement against tuberculosis and a co-worker with Dr. Robert Koch, and as one of the founders of this Association, be it

RESOLVED, That the secretary be requested to extend to his family the deep sympathy of the members of this Association, while expressing their appreciation of him, both as a man and a physician.

Two New State Associations Formed

State anti-tuberculosis associations were formed during May in Utah and Nevada. Assistance in carrying on the organization work was given by Charles M. DeForest, field secretary of the National Association.

The Utah Public Health Association was formally organized at a meeting in Salt Lake City on May 19, 1916. E. O. Howard, Salt Lake City, was elected president and William J. Deeney, Salt Lake City, secretary.

The meeting to form the Nevada Public Health Organization was held in Reno, Nev., on May 31. The officers are: president, Judge A. E. Cheney, Reno; vice-presidents, Dr. R. H. Mullin, Reno, and Dr. S. L. Lee, Carson; secretary, Mrs. J. M. Fulton, Reno.

Maryland Starts Summer Campaign

By Robert C. Powell, Executive Secretary of the Maryland Association for the Prevention and Relief of Tuberculosis

The Maryland Association for the Prevention and Relief of Tuberculosis on May 15th started Alden Anderson, its field secretary, and G. L. Wissig, his Boy Scout helper, on an automobile trip over the state of Maryland to carry on an educational and organization campaign during the summer. Probably each of the 23 counties of the state will be visited for periods of from one week to ten days. At least three weeks in advance of the opening of the campaign, each county's civic, health and educational officials, all newspapers, ministers, physicians, nurses, and other locally prominent individuals, receive from the office of the association a descriptive outline of the plans and purposes of the campaign, together with a letter explaining definitely how the recipient can co-operate. The week in advance of the arrival of the car all the papers in the county are supplied with a special article of current interest, mentioning how the campaign is progressing in the preceding county.

The usual procedure is to establish headquarters at the county-seat. At least three meetings are held: a motion-picture show and illustrated lecture for the general public, a special picture show and lecture for the children, and at the end of the period a public meeting for the purpose of organizing a County Tuberculosis Committee as a branch of the state organization. If successful in the latter the work is then followed up by the office of the association after the departure of the car for the next county. Educational literature is, of course, distributed at all meetings and through as much of the rural section of the county as can be reached by automobile in two full days. Attempts are made to interest the proprietors of village and country stores, and literature left with them to hand to their customers, among which is a handbill describing the reasons for the campaign and on the reverse side an announcement of the time and place of the general show and lecture at the county-seat. A 16 x 24 two-color poster is placed in stores and public buildings in the county-seat, in country stores, and where the law permits, is also put up along the roadside. Schools (both white and colored) are visited, and the co-operation of the teachers and pupils sought. Wherever opportunity is offered, the Field Secretary speaks before civic or religious organizations and also makes arrangements with ministers to speak briefly about the campaign on the Sunday preceding the three meetings.

The car carries a Powers Road Equipment for its motion-picture shows. The films used are a topical reel showing various events that have occurred around Baltimore, a winter scenic reel, the "Price of Human Lives" and "The Lone Game," the latter two from the service of the National Association. Besides the motion-picture equipment there is carried a camping outfit, consisting of a 7 x 8 tent, two Gold Medal folding-cots, blankets, washing-utensils, etc., by means of which the car's crew will demonstrate one of the main phases of tuberculosis prevention by sleeping out. The remainder of the cargo is made up of exhibit material, among which are two parcel-post exhibits. Exhibits are so arranged that they can either be hung upon the car while it is standing in some public place or placed in schools or other buildings.

You May Use "Swat the Fly"

The attention of readers of the *Bulletin* is called to an interesting little one-act fantasy entitled "Swat the Fly" by Eleanor Gates, author of "A Poor Little Rich Girl," "We Are Seven" and other popular plays and stories.

The play was issued last year, but at that time the acting rights were reserved. Miss Gates has now, however, generously given special permission to anti-tuberculosis workers to use this play for production by amateurs.

A recent letter from her to the National Association follows:

450 Riverside Drive,
New York,
June 5th, 1916.

Dr. Philip P. Jacobs,
New York.

My dear Sir:

In August of last year you wrote me, asking if some arrangement could be made whereby my fantastic one-act play, "Swat the Fly!" could be used by the 1500 anti-tuberculosis associations throughout the country. Since receiving your letter I have kept the matter in mind. And now I am pleased to say that I am free to offer this play for such use as you suggested, and there will be no royalty charge for its use, it being understood, of course, that the play is not to be offered except by amateurs; also, that these do not offer it as a traveling organization.

Yours very truly,
Eleanor Gates.

"Swat the Fly" is somewhat more pretentious than most of the plays recently printed in the *Bulletin* and the *Journal of the Outdoor Life*, but it is well worth producing. It can be said without hesitation that anti-tuberculosis workers will undoubtedly find in this playlet one of the most pleasing, instructive and at the same time scientifically accurate health plays at present available for use. It ought to prove valuable not only for the pleasure and instruction of children, but of adults as well.

The action of the play takes place in the garden outside the laboratory of a physician, who is experimenting on animals "to fight the diseases carried by flies." His experimentation is "cruelty" and he is a "vivisectionist" according to the Woman Inspector, but she changes her opinion later when by injecting a serum he saves the life of her son, who has been given diphtheria by the Fly.

The Dog, the Monkey, the Cat, the Rabbit and the Horse are other animal characters in the play. They conspire to kill the Doctor, but when the Fly appears in their midst and explains how he carries germs on his feet and, having "the entrée to the best homes," kills people, they decide that they have been blaming the wrong person for the experimentation practised upon them and that the Fly is their real enemy. So they give the Fly a fatal swat!

"Swat the Fly" is published in booklet form by the Arrow Publishing Co., 116 West 59th Street, New York City. Price 25 cents, cloth binding. By mail, 29 cents.

David and the Sunshine Elf

In the April number of the *Crusader*, published by the Wisconsin Anti-Tuberculosis Association, appeared the second instalment of the adventures of David and the Good Health Elves. The second visit of the Elves to David is made one bright sunny day when David is asleep under the old oak-tree in the front yard. The Sunshine Elf and the Elf of Fresh Air take David on a little journey down the street to point out the houses with the shades pulled down. "I do my best," says the Sunshine Elf, disgustedly, "but I can get into them only two or three times a year. . . . They say they shut me out because I fade the carpet and the wall-paper. . . . The mother in this house is saving her carpet and her wall-paper, but she is fading her boys and girls."

A foreward to the second instalment says that David's adventures have become known from Maine to California, both of these states, as well as others, having introduced David and his little friends to their boys and girls. The story has even reached Costa Rica, where a Spanish translation will be used in the schools.

How to Get Big Results with Little Money*

By Miss Carol F. Walton, Secretary, Michigan Anti-Tuberculosis Association

The problem of all insufficiently financed societies, local or state, is the same—namely, how to spend the amount at hand in the best way and so that it will act as an investment that will increase the funds another year. My topic, then, resolves itself into the question—

What are the best ways for a local society, with only $200 to $1000 in its treasury, to spend the funds at hand?

In considering the subject for a definite local society we should know:

1. The size of the place and whether it is a city or a county society. Two hundred dollars may mean as much, or more, in one county as $1000 does in another county. We have 20 counties in Michigan, with a population of less than 10,000, while one of these has only 2000 people. The problems are very much the same but it takes less money to conduct the necessary educational and relief work.
2. The amount of volunteer help. The problem to be met and the work that may be accomplished depend very largely on the amount and character of volunteer help. In some places volunteer workers do as much as a paid secretary would, and this is surely a financial asset; while in other places nothing would be done without the leadership of a paid secretary.
3. The amount of previous work. If some work has already been done, by the anti-tuberculosis society or by other organizations, the problems differ materially from those of a new society.

For this general case we will infer that we have a community where little or nothing has been done, and where the local Board of Health has no definite plan of work.

1. First of all, we must take up the educational work. Much of this can be done with a small expenditure of money.
   (a) *Lectures* may be given by local people without cost, or by outsiders secured from the State Board of Health, State University, American Medical Association, State Association, or similar sources with little or no local cost. These lectures are usually best given in schools, clubs, lodges, labor organizations, etc., where the audience is assured; for we find difficulty in securing satisfactory audiences for even our best anti-tuberculosis speakers, and when a good crowd does turn out it is usually from the better class of people or those already interested, and not the people whom we are trying especially to reach.
   (b) *Exhibits* may be secured for a very nominal sum. By adding to a general exhibit pictures or items of local interest we have valuable material for a county-fair booth, for circulation in city and rural schools, etc.
   (c) *Newspaper publicity* — which is one of the most important phases of the campaign, and which can usually be secured with little or no cost, as we find newspaper men on the whole willing to bear a little more than their share in the tuberculosis work.
   (d) *Literature:* This may be secured gratis from State or local Boards of Health, or at small cost from the National Association for the Study and Prevention of Tuberculosis or state anti-tuberculosis societies, or may even be given at cost by a local printer as his contribution to the campaign.

All these things have taken but little from the treasury of the society, so we will now consider the more expensive things.

2. During the last year and a half Michigan has had a state visiting nurse who has helped to settle many of the problems of the insufficiently financed local society. Our plan is to induce the local society to spend a part of their money to employ our nurse for a month. This costs $100 and traveling expenses. She aims to accomplish definite things during this month:
   (a) To locate insanitary conditions or other contributing causes bearing on the spread of tuberculosis.
   (b) To look up cases needing care and attention, and which are sources of infection.
   (c) To talk to all the school-children, city and rural, on the principles of prevention and good health.
   (d) Get in touch with all charitable agencies.
   (e) With the information gained from these various sources she recommends the next step in the local work—whatever seems to her to be the most needed, whether
      1. A visiting nurse
      2. An open-air school
      3. A dispensary
      4. A sanatorium
      5. Some other line of work.
   (f) She then visits clubs, church gatherings, labor organizations and other organizations in an effort to show them the need for certain work.
   (g) One of the most important branches of her work is her interviews with city and county officials, boards of supervisors, etc., pointing out the economic value of preventing disease. Largely as the result of the work of our nurses, three county boards of supervisors have made appropriations for permanent county or rural visiting nurses, taking this expense out of the hands of the local societies.

I want to emphasize strongly the necessity of securing the right nurse for this work. Knowledge, training, experience, personality, fearlessness, tact—it is not easy to find all these in one person, but if you cannot find the right person do not attempt the work, for it will prove absolutely harmful to the campaign.

3. In case the local society does not respond to the suggestion of employing the visiting nurse we next suggest that $100 be spent in putting on a Good Health Week, with the co-operation of the State Board of Health. At this time prominent speakers are secured to talk on all health, housing, sanitation and allied subjects, including tuberculosis. (If this $100 can be secured from the City Council, as has been done in a number of cases, so much the better, and the society money can be spent on something else.) Eight of these Good Health Weeks have been put on in Michigan with an approximate total attendance of 44,500 people.

4. It is well to specialize for a time on one certain thing, bringing all forces—exhibits, lectures, literature and other publicity—to bear on that one thing. It is often advisable to use the entire funds to launch an open-air school, for example, with the idea of its being taken over later by the public officials.

5. One excellent way to spend the few hundred dollars is to *invest* it by launching an office and employing a secretary, in faith believing that by giving full time the secretary may be able to arouse sufficient interest in the work and funds for the work to continue the office permanently. This secretary may, in the smaller counties, be a nurse as well.

As a summary to these brief and incomplete observations I would like to give the following points to be considered in the expenditure of this sum of money:

1. Get in touch with local needs.
2. Work for intelligent volunteer help.
3. Co-operate with other organizations —don't duplicate.
4. Spend the money in a way that will act as an investment and will bring more money into the treasury another year.
5. Concentrate on the most necessary thing until it is done or practically assured.
6. Always work with the idea that each thing, and ultimately all our work, will be taken over and financed through public funds.

* A paper presented before the Mississippi Valley Tuberculosis Conference, Indianapolis, Oct., 1915.

QUERY COLUMN

(*Continued from page 1*)

We cannot speak for *all* anti-tuberculosis societies, but we are sure that most of them do take and all of them should take the only consistent attitude—namely, constant and vigorous opposition. To use a popular word of the moment, there ought to be no "pussyfooting" on this issue. Thanks to the attention given the subject by the National Association, the American Medical Association and other organizations, the number of fake tuberculosis cures has been reduced until there are few left who are bold enough to advertise their nostrums. Incidentally, it may be noted with pleasure that few advertising mediums are still open to these frauds. There are many other nostrums and patent medicines which are still doing business, however, and it is to be hoped that the anti-tuberculosis associations will vigorously oppose their use.

The best way to suppress a fake organization or a fake medicine is to get the facts. Be sure they are obtained from unquestionable sources and that they are absolutely accurate down to the minutest detail. If a medicine claims to cure tuberculosis and presents testimonials of alleged cures, follow up these cases. You may find that some of them have died and that the cause of death is given as tuberculosis on the death certificate.

In the case of an organization which is apparently fraudulent, first get all the facts supported by documentary evidence that you can obtain and then take the matter up with the proper prosecuting officer. Perhaps the mayor or the Chamber of Commerce or both will become interested in the case and help. Business organizations are usually eager to aid in protecting business men from solicitation for the support of fake enterprises.

Read the January, 1916, *Bulletin* for an example of the use of facts in exposing a society.

Remember that your opinion unsupported by the facts may be slander and if published it may be libelous, whereas the facts, presented without comment, may strike a telling blow.

What is the best way for a county to spend $300 in tuberculosis work?

Read "How to Get Big Results with Little Money" elsewhere in this issue. See also "Budget for Health Organizations, Having Only $50 or $75 to Spend" in the December, 1915, *Bulletin* and "Multiplying $545" in the February, 1916, *Bulletin*. Suggestions from other anti-tuberculosis workers are requested.

How can the best co-operation and effective service be obtained between the executive and medical sides of tuberculosis work, especially when the medical service is voluntary?

The answer to this question is deferred. In the mean time, what suggestions have readers of the *Bulletin* to offer?

What substitute can we provide for the dispensary in a state with as much rural area as ours? (Virginia.)

This question is also passed on to readers.

Medical Notes, Abstracts and Reviews

The object of this monthly department of the "Bulletin" is to put physicians in easy touch with medical and scientific literature, both American and foreign, including magazine articles, books, reports, etc., that bear directly or indirectly upon the treatment and prevention of tuberculosis. This is not a department for news and editorial comment. Its function is rather that of a catalogue or a librarian. Any material for this department of the "Bulletin" should be sent to Dr. George Mannheimer, 41 West 51st Street, New York, who has been chosen medical editor.

Readers of the "Bulletin" who wish to have copies of the publication sent to physicians working in dispensaries, sanatoria, laboratories, and in other forms of tuberculosis activities, who are not now receiving it, should send in such lists of names to the National Association. The "Bulletin" is sent free to those who are engaged in anti-tuberculosis work.

Diagnosis of Tb. in Infants.—Combe comments on the aid afforded in the diagnosis of Tb. in infants by roentgenoscopy and the skin tuberculin test. A history of Tb. in the family is suggestive, and also the "vasodilatation face" as he calls the combination of slight cyanosis with a smiling and communicative air, advanced for the age, nervous restlessness and lack of sound sleep at night. The hair is long, shiny and silky, the eyes deep and luminous, with fine eyelashes and eyebrows, over-red lips, bluish nails, the skin hairy and often moist. This aspect should suggest Tb. at a glance, but it is of only rare occurrence. More often the aspect is entirely normal, so that the positive tuberculin skin reaction is an overwhelming surprise and neither the weight nor state of nourishment show anything wrong; but roentgenoscopy confirms the tuberculin test. On the other hand, infants with chronic bronchopneumonia or those defectively developed may present such an aspect of debility that Tb. seems certain, when nothing later confirms this assumption. In 8.7 per cent of the cases of Tb. in infants it localizes in the bones, and hence lesions should be sought in the skull, the phalanges and in the joints, although the latter localization is rare in infants. Skin tuberculids may be discovered on the trunk, shoulders or limbs, usually pin-head papules, pink, bluish and brownish in turn, with a brownish scale in the center which leaves a depression as it drops off. They grow shiny if the skin is stretched, but they never display any tendency to ulcerate. Or there may be chronic tbc. ulcerations in the skin, or suppuration in the ear. These signs are more common in children from 2 to 6, but some may occur exceptionally in infants.

Roentgenoscopy alone is liable to mislead; its findings must be interpreted or corrected by clincal examination and other tests. As infants do not expectorate, there is no sputum to examine and as the infant organism is a virgin soil, there are no antibodies in the blood. Combe regards Mantoux' intradermal tuberculin reaction as more exact and much more sensitive and more reliable than the Pirquet skin test. Exactly one-tenth of a milligram is injected into a fold taken up in the skin, and the diameter of the papule which develops is measured at the end of forty-eight hours. He says that during the last six years every child entering his service is "pirqueted" on one arm and "mantouxed" on the other, and he has thus been able to compare the reaction to these technics on thousands of children. Five infants presented the "vasodilatation faces" described above, with enlargement of the liver and spleen but not of the glands in the neck or mesentery. The Mantoux test was positive and the tracheobronchial glands cast an abnormal shadow. These infants were below the average height and weight and the mothers were all tuberculous. The infants may have inherited antibodies which reduced the virulence of the tubercle bacilli, but they were defenseless against other germs, and four died in a mild epidemic of influenza and the fifth from an unknown cause.

A positive Mantoux test thus does not differentiate between latent or progressive or healed tuberculosis. A negative Mantoux test testifies to the absence of the tubercle bacillus, provided that the organism of the nurseling is able to generate antibodies or has had time to do so. The Mantoux should be repeated monthly, for three months, before a negative response is accepted as conclusive. In miliary Tb. the antibodies are absorbed by the tuberculin generated in tbc. lesions, and the Mantoux may become negative. This is liable to occur also with intercurrent infections. Inspirational tracheal stertor indicates compression from swollen glands, as also what is known as the bitonal cough, the cough sounding as if it comes from two larynxes, owing to the lack of symmetrical functioning of the vocal cords, the sound emitted by each thus differing in pitch, etc. The temperature is scarcely ever instructive. The most important sign of Tb. in the nursling is the expiratory stertor, suggesting asthma. This is an almost certain sign and occurs early, and is not encountered in other affections, as a rule, in infants. Inspiration is silent, while expiration is noisy and prolonged, but the infant does not seem to notice it and keeps gay and smiling, unless the disturbance is severe and asthmatiform. As the infant trachea is so flexible, it yields readily to the encroaching glands and thus this sign develops early. Typical examples of all these types are reported in detail.—*Diagnosis of tuberculosis in infants, Combe, le Nourrison, Jan., 1916. (taken from four A.M.A.)*

Classification of Applications for Tb. Institutions in N. Y. City.—Private physicians and clinics are reminded that all applications reaching the Hospital Admission Bureau, for treatment in Tb. institutions, are classified according to the following:

CLASS A.

For Patients Only Temporarily Dependent Through Illness.

Stage of Disease	*Name of Institution*
1. Incipient	Ray Brook
2. Early Favorable	Otisville
	Bedford
	Home Hospital
3. Moderately Advanced	Seton
	Sea View
	Brooklyn Home
	Home Hospital
4. Advanced	St. Joseph's
	St. Anthony's
	Montefiore Home
	Home Hospital

CLASS B.

For Patients of a Chronic Dependent Type	
1. Moderately Advanced and Favorable	St. Vincent's, S.I.
2. Far Advanced and Detention	Metropolitan Riverside
3. Homeless Paupers with Negative Sputum	Farm Colony City Home

—Weekly Bulletin of the N. Y. City Dept. of Health, March 18, 1916.

Experimental Pneumothorax and Lung-Resection.—Fenger's article is an illustrated description of work in this line on dogs at the Copenhagen Veterinary and Agricultural College laboratory. His assumption that resection of the lung might be facilitated by an artificial pneumothorax was sustained by his actual experience. The operation is much easier with an atelectatic condition of the lung, while the tendency to heal seemed as pronounced in atelectatic as in expanded lung tissue. No evidences of permanent injury of the lung tissue could be detected from shutting off the blood supply for three-quarters of an hour, while this is a great help in operating. A single row of interrupted sutures —after ligating the bronchi and large vessels—is enough to ensure hemostasis and the healing of the defect. A number of technical points are emphasized, such as that the artificial pneumothorax does not modify general anesthesia, that overpressure does not cause the atelectatic lung to expand, suggesting that the compression causes the walls of the alveoli and bronchi to adhere together. If this is the case, there is less danger of retention in the finer air passages and consequent pneumonia. Another advantage of the artificial pneumothorax is that it permits ample oversight over the compressed lung when the pleura is opened, while the lung tissue is much easier to palpate. When adhesions prevent complete pneumothorax, even the partial compression is a great aid, and the adhesions render it possible to do the resection without the necessity for a difference in atmospheric pressure. *—Experimental Research With Artificial Pneumothorax and Resection of the Lung. M. Fenger. Hospitalstidende, Copenhagen, Feb. 2, LIX, No. 5, 1916.*

Tbc. Splenomegaly.—The patient was a boy 8 years of age. The spleen weighed 950 gm., it measured 19 cm. long, 9.5 cm. broad, 4.5 cm. thick, surface irregular and microscopic examination showed it filled with very young tubercles. Four months later the boy died. The tbc. disease was not confined to the spleen and glands at the time the spleen was removed, so that procedure was futile in arresting the disease.—*Acute secondary tuberculous splenomegaly, splenectomy, T. S. Wight, Annals of Surgery, March, 1916.*

The Migration of Indigent Consumptives.—In the *Public Health Reports*, June 18, 1915, Passed Assistant Surgeon Lanza calls attention to the relation of interstate migration of tbc. persons to public health. His studies dealt specifically with the problems of Arizona and Colorado.

For many years physicians have been giving definite advice to consumptives to go out west where the climate is more conducive to physical welfare. To the incipient tbc., to the advanced consumptive, to those afflicted with a tbc. infection of bones and joints, to the rich, to the poor, to the industrial worker, to the professional man, to the unemployed, to young and old, single or married, this advice represented a simple solution of the problem before them.

The migration of patients lacking adequate financial resources, should, however, be universally discountenanced. The climate of the west or the south, on the plateaus of New Mexico or the mountains of Colorado, does not suffice to mitigate the evils attendant upon a lack of adequate food, clothing, or shelter. The dependent consumptive or the afflicted man fraught with the responsibility of maintaining a family is further depressed and becomes a more certain victim to this disease when transferred to a healthful climate without the accompanying social relief necessary for securing his cure. No consumptive should be encouraged to seek new fields of living unless his savings or financial resources are adequate to meet all necessary expenses for at least the period of one year, and preferably two years. Climate does not restore fatness to the shrunken pocketbook. Financial poverty carries with it serious disabilities against rapid return to health.

From the standpoint of the states possessing the most favorable climate it is manifestly unfair that indigent tbc. persons should become a liability to them and claim the attention of city or state institutions or become charges upon private philanthropy. The effect of such migration is well manifest, for example, in Colorado. During 1913, one-sixth of all the deaths in the State of Colorado were due to Tb. while the ratio for the entire United States registration area was only one-tenth of the total mortality. In New York State it was one-ninth. During the same year in Colorado 90 per cent of the total deaths from Tb. were due to pulmonary Tb., while in the registration area and in New York State only 83 per cent of the Tb. mortality was due to pulmonary Tb.

It is patent that the helpful climate of Colorado has been the cause of securing an unnatural Tb. death rate for that state and the same fact obtains presumably for Arizona, New Mexico, California and similar portions of the country to which the migration of the tbc. has been most marked.

The indigent tuberculous produce serious medico-sociological problems for which there is little excuse. For the indigent consumptive there are no advantages in migration; the disadvantages are apparent at every turn and the end results are soon manifest in their discouragement, increased disability and rapid decline.—*Editorial American Medicine, February, 1916.*

Double Induced Pneumothorax.—Three forms of induced pneumothorax may be practiced: 1.—Unilateral, the inflation of one pleura. It frequently establishes a cure when both lungs are affected. 2.—Alternate, the inflation of one pleura at a time, and, after the gas is absorbed, inflation of the opposite pleura. This method succeeds in some cases that are not cured by the first method. 3.—Double pneumothorax, the simultaneous inflation of both pleuræ. This method is indicated when threatening symptoms urge haste, as when there are active signs in both lungs, with continued high fever, intoxication, and where unilateral inflation is of no avail. The rationale of double induced pneumothorax is based on animal experiments which show that life can go on with one-sixth of lung tissue left. It is best done in hospital patients, but can be practiced successfully in ambulant cases.—*Double Induced Pneumothorax, E. von Adelung, Jour. of A. M. A., March 4, 1916.*

The Latent Rale.—From a study of the physical findings in 226 cases at the N. Y. State Hospital for Incipient Pulmonary Tb., the following facts may be deduced: 1.—The site of election is the apex. 2.—Rales occur with great frequency. 3.—In incipient Tb. the fine dry rale predominates, while the sibilant, sonorous and coarse rale occurs relatively seldom. 4.—The latent (that which is heard by the aid of cough) rale is the initial rale heard in most incipient cases. In attempting to elicit the latent rale, the patient should not be made to cough at the height of inspiration, as this cough will obscure most of the adventitious signs. He should cough just before the end of expiration, so that the following inspiration will be deep and full. Some patients can be made to produce a succession of hacks at the same point in the respiratory cycle. Rales can also be obtained during cough and the expiratory phase following it, if we do not direct the patient to inspire immediately after the cough, as is usually done, but if he attempts to prolong the period of expiration after the cough. The seat of the latent rale is probably in the atelectatic area of the tbc. focus. Its production depends upon an increase in the intrapulmonic pressure, such as occurs during expiration, which causes a separation of the collapsed walls of the bronchioles and alveoli. This rale is a very constant sign in incipient Tb. Latent rales are present in about 75 per cent of incipient and in 30 per cent of the moderately advanced cases. Localized apical rales are almost pathognomonic.—*The Latent Rale in the Diagnosis of Incipient Tb. H. A. Bray, Jour. of the A. M. A., March 11, 1916.*

Laryngeal Tb.—Involvement of the larynx occurs in 50 per cent of all cases of pulmonary Tb. coming to autopsy. It is most common in men and between the ages of 20 and 40; it is very seldom if ever primary. Secondary involvement occurs: 1, by the lymphatics; 2, by the blood vessels; 3, by infection from the sputum coming in contact with an eroded or inflamed mucous membrane. The first is the most common method. Contrary to the prevalent opinion, congestion is present in the earliest stage more often than anemia. The early symptoms are: slight changes in the voice, vocal fatigue, tickling or dryness, frequent clearing of the throat, temporary loss of voice, pain and dysphagia. Marked tbc. involvement may be present with very little subjective symptoms and the characteristic dysphagia, aphonia and regurgitation of food may occur very late in the disease. Early cases offer a fairly good prognosis. Objectively, a unilateral swelling or hyperemia of either one of the vocal cords, more frequently the posterior portion, or one of

the ventricular bands is very suggestive. The most common finding is probably a tbc. infiltration of the posterior commissure. A partial paralysis of one vocal cord is often found in early pulmonary Tb. caused by pressure on the recurrent nerve, either by enlarged lymph glands or by an apical infiltration of the lung. The following laryngeal conditions have to be excluded: Simple catarrhal laryngitis, syphilis, malignant and benign growths and, rarely, lupus. The prognosis as to life is much better than it used to be. The average duration of life may be said to be ten years. Some will heal spontaneously or remain arrested. In affections of the epiglottis and arytenoids the prognosis is much worse. In pregnancy tbc. laringitis is fatal. The treatment consists of change of climate, building up the powers of resistance, vocal rest, prohibition of alcohol, tobacco and other irritants. Alkaline sprays followed by vaporized oils intralaryngeal applications of lactic acid, formalin or argyrol will often help to promote cicatrization of an ulcer. In good hands the electrical cautery is of value in some cases. In cases with dysphagia, the insuflation of powdered orthoform into the larynx before eating is advisable; also a tablet of orthoform gr. 1, menthol gr. $\frac{1}{10}$, and camphor gr. $\frac{1}{10}$ dissolved on the tongue.—*Laryngeal Tuberculosis, M. F. Lent, Medical Record, March 4, 1916.*

Immunity in Tb.—In order to study the effect of lymphocytes in the defense against Tb. the authors inoculated 15 guinea-pigs with a mixture of tubercle bacilli and lymphocyte emulsion. 4 pigs escaped without any infection. 8 control pigs were inoculated with tubercle bacilli from the same strain; 2 escaped infection. The extent of infection was about the same in both series.

The authors conclude that lymphocytes have no power of diminishing the virulence of tubercle bacilli.—*Immunity in Tuberculosis, Gilbert and Webb, Colorado Medicine, 1915, XII., 12.*

Indigent Tuberculotics.—The California State Board of Health points out the fact that many persons suffering from Tb. come to the West and Southwest from other states, attracted by the more favorable climate. Many of these are without means and become a burden to the community. It has been shown that there is annual migration of from 10,000 to 15,000 to the Western and Southwestern states and that from 30 to 50 per cent of these die within six months after arrival. The great majority of all deaths from Tb. in the Southwest are among natives of other states.

The California Board of Health therefore endorses the bill before Congress providing for federal aid for indigent persons in state or other institutions where such indigent persons are not citizens of the state in which such institutions are located. —*Editorial in Calif. State Med. Jour., 1916, XIV., 2.*

Prognostic Value of the Urochromogen Reaction.—The urines of 832 patients at the Cresson (Pa.) State Sanatorium were subjected to the diazo and the urochromogen test and their value in the prognosis of Tb. studied. In all, 1805 specimens were examined. The urochromogen test is much simpler than the diazo; turbidity and color of the urine have no effect on the reaction, neither has the administration of drugs or the reaction of the urine. Results:

Positive to both tests	2
Negative to both tests	741
Positive urochromogen with negative diazo	89
	832

The conclusion is warranted that the positive reaction in patients with pulmonary Tb. is present only when there is an actual destructive process. When positive in an ambulant case, the patient should be put to bed. In moderately advanced cases a positive reaction, if it persists, points to the formation of cavity, while in the already advanced cases, it is of grave significance, as 93 per cent of these cases died within four months and the majority within three months. A persistent negative reaction in a case that had previously been positive appears to indicate at least a temporary cessation or retardation of activity.—*The Prognostic Value of the Urochromogen Reaction in Pulmonary Tuberculosis, M. E. Cowen, Jour. of the A. M. A., March 11, 1916.*

Initial Fever.—1.—The tuberculin reaction is a specific reaction. When positive it signifies the presence of an active or latent tbc. focus. Normal individuals cannot be sensitized with tuberculin.

2.—In infants tbc. infection always leads to tbc. disease, either mild or severe; in either case there is formation of tubercles, but while in infection the lesions are small, localized and tend to heal, in disease they are more extensive and more advanced. Tbc. infection in infants is invariably associated with fever and signs in the chest or abdomen. In adults tbc. infection may be present without fever or any other signs.

3.—Fever is the first sign of tbc. infection in infants. It is sudden in onset, high for 7 to 14 days, remittent and gradually comes down by lysis to about 100, where it remains for about 12 to 20 weeks, with periods of exacerbations and normal temperature.

4.—The tuberculin reaction becomes positive at the onset of the fever or a few days later.

5.—30 to 35 per cent of these children survive the infection, since the pathologic lesions may be localized and heal completely.

6.—Fourteen per cent of prolonged febrile conditions in infants give a positive von Pirquet reaction. The test should therefore be carried out in every infant who has an idiopathic fever without physical signs.—*M. S. Reuben, Fever—The Initial Sign of Tuberculous Infection in Infants. Archives of Pediatrics, Mar., 1916.*

Spinal Fluid in tbc. Spondylitis.—A weak, inactive child, with a history of an attack of broncho-pneumonia, develops a left-sided torticollis with slight fever and irritability. The head is held in about 60 degrees of left lateral flexion, 40 degrees of anterior flexion and 30 degrees of rotation to the right. There is a slight evening rise in temperature and a moderate leucocytosis. The neck becomes rigid; headache and Kernig sign absent. Lumbar puncture under slightly increased pressure furnishes 10 c.c. of clear yellow fluid with a slight greenish tinge, a cell count of 3 per field lymphocytes 88 per cent.; globulin positive. There is a moderate coagulation upon standing two hours; culture is negative. Dilatation of left pupil, marked apathy, weakness of the right side of the body, exaggeration of knee-jerks and ankle-clonus develop; later on, cervical sympathetic paralysis of right side, weakness of sternomastoid muscle, contraction of pupil, narrowing of palpebral fissure and dryness of right side of face. Right arm and chest suggest beginning flaccid paralysis; the right leg suggests beginning spastic paralysis with ankle-clonus; ocular movements are normal, globes parallel. Wasserman is negative. X-ray shows caries of the bodies of 3 and 4 vertebræ. Head traction is applied. The breathing suggests pulmonary edema, but otherwise the child seems comfortable and is kept in sitting position. The condition continued the same for three days, when the respiration suddenly ceased.

The following changes in the spinal fluid have been reported by various observers: 1.—Xanthochromie; 2.—Abundant coagulation; 3.—The presence of albumose; 4.—An increased quantity of albumin; 5.—Little or no glycogen; 6.—The capacity to hemolyze the red blood-cells of rabbit's blood. In milder cases only some of these changes may be present.—*R. S. Bromer, The Syndrome of Coagulation Massive et Xanthchromie occurring in a case of Tb. of the Cervical Spine, Amer. Jour. of the Med. Sciences, March, 1916.*

Miliary Tb. of the Placenta.—*Additional cases from the University of Michigan, Ann Arbor;* Case 1.—Woman of 21, admitted Apr. 23, 1914, in the 8th month of gestation. No personal nor family history of Tb. Patient is well nourished and shows no signs of Tb. on physical examination. On June 11 patient was delivered of an apparently healthy child, which gained steadily in weight (550 gms. in 35 days. On micorscopic examination the placenta showed from one to five young and active miliary tubercles. In Oct., 1915, both mother and child were reported well. Case II.—Woman of 27, admitted Jan 28, 1914, in the 9th month of gestation. Patient denied having had Tb. or existence of Tb. in the family. She had a slight cough. Physical examination was negative. Labor took place on Feb. 4, 1914. The child was healthy and weighed 7 lbs. Mother and child were discharged after 14 days. The placenta showed, on microscopic examination, a group of 5 epithelioid tubercles in one section, while other sections showed from none to one or two. Nearly all were situated between the villi and showed typical giant cells. One year later the patient's physician, in reply to an inquiry, stated that the woman had a history of Tb. dating back 10 years. Eighteen months after delivery the patient returned with active tbc. signs in the right lung. Neither of the children showed evidence of Tb. Tubercle bacilli had not been discovered in the placenta on account of the formol fixation which renders differential staining very difficult.—*Two Additional Cases of Miliary Tuberculosis of the Placenta with Clinically Latent Tuberculosis of the Mother. C. V. Weller, Archives of Internal Medicine, April 15, 1916.*